



South Carolina Department of Insurance

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MARK SANFORD
Governor
ELEANOR KITZMAN
Director of Insurance

CREDIT ACCIDENT AND HEALTH CHECKLIST

Name of Company: _____ Form Number _____
Date _____ Analyst _____

PART I

Filing Type: Group _____ Individual _____ Non-Credit Term _____
Loan Type: Open End _____ Closed End _____ MOB _____

PART II

- ☐ Yes ☐ No ☐ NA 1. Is the Insurer licensed? 38-5-10, et seq.
38-25-110, 150
- ☐ Yes ☐ No ☐ NA 2. Filed in duplicate, "John Doe'd" Bulletin 93-2
- ☐ Yes ☐ No ☐ NA 3. Certification of Compliance Bulletin 93-2
- ☐ Yes ☐ No ☐ NA 4. Certification of Readability Reg. 69-5.1
Flesch-Kincaid Certification Act No. 66

PART III

- ☐ Yes ☐ No ☐ NA 1. Approximate amount of debt 34-29-160; 37-4-202(1)(a)
- ☐ Yes ☐ No ☐ NA 2. Refund of Premiums required 34-29-160; 37-4-204
if \$3.00 or more
- ☐ Yes ☐ No ☐ NA 3. Definition of Disability 34-29-160; 37-4-210
- ☐ Yes ☐ No ☐ NA 4. Accident & Health Premiums
minimum of 50% loss ratio 34-29-160
- ☐ Yes ☐ No ☐ NA 5. Maximum Credit Life Premiums 34-29-160; 37-4-203(5)
effective Jan 1, 2001
(Dec. Bal.) (Level Bal.)
Indiv. \$0.57 \$1.14
Joint \$0.95 \$1.89

- ☐ Yes ☐ No ☐ NA 6. Renewal & Refinancing (portability and continuity) 34-29-162; 37-4-110
- ☐ Yes ☐ No ☐ NA 7. Incontestability Modification 34-29-163; 37-4-207
- ☐ Yes ☐ No ☐ NA 8. Non-filing Insurance 34-29-164; 37-1-301(17)
9. Evidence of Insurability
- ☐ Yes ☐ No ☐ NA a. Restricted Loan 34-29-165 (1) (a) (b)
- ☐ Yes ☐ No ☐ NA b. Supervised Loan 37-4-201 (1) (a) (b)
10. Disclosure Requirements
- ☐ Yes ☐ No ☐ NA a. Name, address & telephone # of insurer. 34-29-166(a); 37-4-105(B)(1)
- ☐ Yes ☐ No ☐ NA b. Name of debtor(s). 34-29-166(b); 37-4-105(B) (2)
- ☐ Yes ☐ No ☐ NA c. Age or date of birth of debtor(s). 34-29-166(c); 37-4-105(B)(3)
- ☐ Yes ☐ No ☐ NA d. Premium amount payable by debtor. 34-29-166(d); 37-4-105(B)(4)
- ☐ Yes ☐ No ☐ NA e. A description of coverage, incl. amount & term of coverage. 34-29-166(e); 37-4-105(B)(5)
- ☐ Yes ☐ No ☐ NA f. A statement that benefits will be paid to the creditor to extinguish unpaid indebtedness. 34-29-166(f); 37-4-105(B)(6)
- ☐ Yes ☐ No ☐ NA g. If the amount exceeds indebtedness, excess is payable to beneficiary. 34-29-166(g); 37-4-105(B)(7)
- ☐ Yes ☐ No ☐ NA h. A statement that insured debtor has the right to cancel the policy and have premiums refunded. 34-29-166(h); 37-4-105(B)(8)
- ☐ Yes ☐ No ☐ NA i. The following statement: 34-29-166(i); 37-4-105(B)(9)

“For specific information about credit insurance issued in conjunction with your loan, contact your creditor or your insurance company. For general information about credit insurance or complaints about your credit insurance, please contact S. C. Department of Insurance at (telephone#)”

- ☐ Yes ☐ No ☐ NA 11. Length of Coverage 37-4-201 (3) (iii)
- ☐ Yes ☐ No ☐ NA 12. Electronic Transactions 37-4-206

☐ Yes ☐ No ☐ NA 13. Redundant Disclosures 37-4-209

☐ Yes ☐ No ☐ NA 14. Misstatement of Age 37-4-201(3) (i)

PART IV

☐ Yes ☐ No ☐ NA 1. Noncredit Term Life Insurance 37-3-202(2)

☐ Yes ☐ No ☐ NA 2. Compliance with applicable ins. laws 37-4-203